



OFFICE OF MARIJUANA POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

MAINE ADULT USE MARIJUANA

Request to Remediate

The following information is required as proof of authorized conduct anytime a sample fails mandatory testing and the licensee request remediation of the batch.

- In the event a marijuana testing facility determines that a sample has failed testing, the entity that submitted the sample may request of the Office of Marijuana Policy (OMP) an opportunity to remediate the batch before requesting the batch be re-tested.
- The entity that is requesting an opportunity for remediation must demonstrate to OMP that the issues identified by the marijuana testing facility are of the kind that can be remediated.
- Any testing of a remediated batch must be conducted by the same marijuana testing facility that determined that the sample failed testing.

Notice: Adult Use marijuana licensees are required to notify the Office of Marijuana Policy if they are requesting remediation of a marijuana or marijuana product that failed mandatory testing. Complete this form and send to remediation.omp@maine.gov **within five (5) business day of the date on the Order of Destruction form.** Use one form per failed sample.

Section 1: Licensee Information.

Last Name	First Name	Middle Initial	
Licensee's Business Name	License Number		
Cultivation or Product Manufacturing Facility Street Address		City	ZIP
Phone Number	Email		

Section 2: Item Information. Indicate below information regarding the failed sample. Information should match information of the original sample collection form.

Item Matrix Type <input type="checkbox"/> Marijuana Flower and Trim <input type="checkbox"/> Marijuana Concentrate <input type="checkbox"/> Marijuana Product		
Item Name	METRC Batch Numbers	Batch Size (Weight or Volume)

Section 3: Marijuana Testing Facility. Indicate below the marijuana testing facility that failed the sample.

Marijuana Testing Facility Name	Marijuana Testing Facility License Number
METRC Sample ID of Failed Item	Date of Initial Test

Section 4: Remediation. This section only applies to entity requesting from the Department an opportunity to remediate the batch before requesting the batch be re-tested. Entity will need to request re-test after product is remediated. Any re-test of a remediated batch must be conducted by the same marijuana testing facility that conducted the original testing.

4(a): Facility Responsible for Remediation. Indicate the facility responsible for remediation below. If the facility that produced the failed batch is also the facility responsible for remediation, you may leave this section blank.

Name of Facility Responsible for Remediation	License Number	Date of Request	
Remediation Facility Address	City	State	ZIP
Phone Number	Email Address		

4(b): Remediation Plan. Indicate below all tests failed and describe the remediation plan to address all tests failed.

<p>Test(s) Failed: (Check all that apply)</p> <input type="checkbox"/> Cannabinoid Profile <input type="checkbox"/> Filth and Foreign Material <input type="checkbox"/> Microbiological Impurities (Bacteria, Yeasts and Mold) <input type="checkbox"/> Water Activity and Moisture Content <input type="checkbox"/> Residual Solvents <input type="checkbox"/> Homogeneity	<p>Remediation Method: (Check all that apply)</p> <input type="checkbox"/> Additional Drying and Curing <input type="checkbox"/> Additional Extraction Using Heat <input type="checkbox"/> High Heat and Hydrocarbon Based Solvent Extraction <input type="checkbox"/> Melting Down and Remaking <input type="checkbox"/> Ozone <input type="checkbox"/> Remixing <input type="checkbox"/> Repackaging <input type="checkbox"/> Other (Describe other remediation method(s) used):
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Signature – This application cannot be accepted without a signature.

By signing this request, I am affirming that all the information included herein is true to the best of my knowledge. I further affirm that I am making this request in accordance with all requirements of the Adult Use Marijuana Program Rule, for the reasons enumerated herein, and that the marijuana or marijuana product in question will be remediated in accordance with the plan described above.

Authorizing Business Representative's Signature	Printed Name	Date
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